

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 140.0
 Registered No. _____

1. PLACE OF BIRTH

County Gila State _____
 District or Township _____ or Village _____
 City Claypool No. _____ of birth of current hospital or institution, give its NAME instead of street and number) Ward _____

2. Full name of child Leveta Lee Thomas (If child is not yet named, make supplemental report, as directed)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of Birth May 23 1933
 Month May Day 23 Year 1933

7. FATHER
 Full name Alexander Thomas

8. MOTHER
 Full name Grace Curtis

9. Residence (Usual place of abode) Claypool
 If non-resident, give place and state.

10. Residence (Usual place of abode) Claypool
 If non-resident, give place and state.

11. Color of race White 12. Age at last birthday 39 (Years)

13. Color of race White 14. Age at last birthday 23 (Years)

15. Birthplace (city or place) Charleston
 (State or country) West Va.

16. Birthplace (city or place) Eden
 (State or country) Arizona

17. Occupation
 Nature of industry Unemployed

18. Occupation
 Nature of industry Housewife

19. Number of children of this mother 6
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 5
 (b) Born alive but now dead 0
 (c) Stillborn 0

20. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at _____ m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Nelson W. Crawford
M. M. ...
 (Physician or midwife)

Given name added from supplemental report _____ Address _____
 Month, day, year _____

Filed 6/3 1933 C. J. Perkins
 Registrar

332-523-732

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.